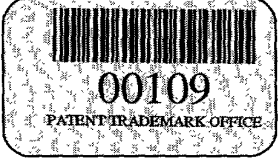
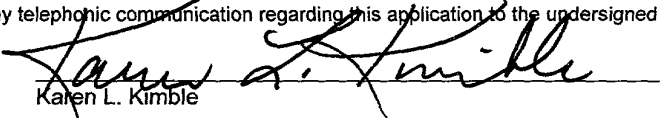


12-20-01

A

UTILITY PATENT APPLICATION TRANSMITTAL <small>Only for new nonprovisional applications under 37 CFR 1.53(b)</small>	Attorney Docket No. 44142B	Total Pages 40										
	First Named Inventor or Application Identifier Jaime Simon et al.											
	Express Mail Label No. EL889202034US											
RADIOIODINATED SULFONATED PHENOLS AND PROCESS THEREFORE												
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231										
<table border="0"><tr><td>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></td><td>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</td></tr><tr><td>2. <input checked="" type="checkbox"/> Specification [Total Pages 28] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</td><td>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies</td></tr><tr><td>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2]</td><td></td></tr><tr><td>4. <input type="checkbox"/> Declaration and Power of Attorney [Total Pages ____]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> [Note Box 5 below]<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</td><td></td></tr><tr><td>5. <input checked="" type="checkbox"/> Incorporation By Reference The entire disclosure of the prior application identified in Box 18 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</td><td></td></tr></table>			1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	2. <input checked="" type="checkbox"/> Specification [Total Pages 28] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2]		4. <input type="checkbox"/> Declaration and Power of Attorney [Total Pages ____] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> [Note Box 5 below]<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		5. <input checked="" type="checkbox"/> Incorporation By Reference The entire disclosure of the prior application identified in Box 18 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
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18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Amend the specification by inserting before the first line, the sentence: "This application is a <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/671,982."												
19. CORRESPONDENCE ADDRESS												
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below												
NAME												
ADDRESS												
CITY	STATE	ZIP CODE										
Please direct any telephonic communication regarding this application to the undersigned Attorney/Agent for Applicants:  Karen L. Kimble Reg. No.: 26,995 Phone No.: (989) 636-1687 Fax No.: (989) 636-3204												

JC962 U.S. PTO
12/18/01

Assistant Commissioner for Patents
Washington, D. C. 20231

Attorney's Case No. : 44142B

Application of : Jaime Simon, R. Keith Frank and Alan D. Strickland

For: RADIOIODINATED SULFONATED PHENOLS AND PROCESS
THEREFORE

No. of Drawing Sheets: 2

EXPRESS MAIL MAILING LABEL NO.

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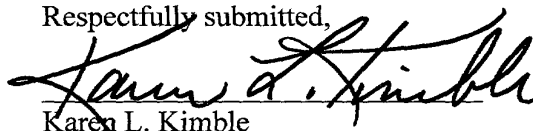
Sir:

Enclosed for filing is the above-identified application. Please charge the estimated fee to our Deposit Account No. 04-1512. An original and 2 copies of this sheet are enclosed.

A. Basic Filing Fee	\$740.00
Total Number of Claims	<u>19</u>
Less (Basic Fee)	<u>20</u>
B. Extra Claims	<u>0</u> x \$ 18.00 = \$ <u>0</u>
Total Number Independent Claims	<u>1</u>
Less (Basic Fee)	<u>3</u>
C. Extra Independent Claims	<u>0</u> x \$ 84.00 = \$ <u>0</u>
D. Multiple Dependent Claims Presented	+ \$280.00 = \$ <u>280.00</u>
TOTAL FILING FEE (A+B+C+D) =	\$ <u>1020.00</u>

If this estimate is incorrect, please charge or credit our account accordingly.

Respectfully submitted,



Karen L. Kimble

Registration No.: 26,995

Phone: (989) 636-1687

THE DOW CHEMICAL COMPANY
Intellectual Property
P.O. Box 1967
Midland, MI 48641-1967

Date: December 18, 2001

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